SCHEDULE

							INJURY	
MONTHLY BENEFIT							.\$2,125.00	\$2,125.00
ELIMINATION PER	IOD						. 90 DAYS	90 DAYS
MAXIMUM BENEFIT	PERIOD	*						
FOR A PERIOD O	OF CONTI	NUOUS 7	OTAL					
-BEFORE THE POLICY NEXT	ANNIVERS FOLLOWI	ARY DAT	E OF	THIS	THDAY		. LIFETIME	LIFETIME
-ON OR AFTER POLICY NEXT AND BEFORE	FOLLOWI	NG YOUR	45TH	BIRT	CHDAY			
POLICY NEXT	FOLLOWI	NG YOUR	63RD	BIRT	THDAY		. AGE 65	AGE 65
-ON OR AFTER	THE ANN	IVERSAR	Y DAT	E OF	THIS			
POLICY NEXT	FOLLOWI	NG YOUR	63RD	BIRT			. 24 MONTHS	24 MONTHS

UNLESS THE MAXIMUM BENEFIT PERIOD IS 'LIFETIME', THE MAXIMUM BENEFIT PERIOD FOR ANY PERIOD OF TOTAL DISABILITY BEGINNING PRIOR TO THE ANNIVERSARY DATE OF THIS COLICY NEXT FOLLOWING YOUR 63RD BIRTHDAY WILL NOT EXTEND BEYOND THE ANNIVERSARY DATE OF THIS POLICY NEXT FOLLOWING YOUR 65TH BIRTHDAY.

## DDITIONAL BENEFIT PROVISIONS INCLUDED, IF ANY:

J1527A SOCIAL SECURITY SUPPLEMENT BENEFIT \$625.00

J1817 RESIDUAL DISABILITY

1756 COST OF LIVING INCREASE

ISURED CHRISTOPHER L KEARNEY

DLICY NUMBER H0-0493029

FECTIVE DATE MAY 28, 1990

TERM: 12 MONTH(S)

PREMIUM FOR EACH TERM UNTIL AGE 65\*\* \$1,212.01

NOTE: RENEWAL OF COVERAGE BEYOND AGE 65 MAY REQUIRE AN INCREASE IN THE RENEWAL PREMIUM AFTER AGE 65